



**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

TWO SOUTH STATION
BOSTON, MA 02110
(617) 305-3580
www.mass.gov/dtc

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

GREG BIALECKI
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

DANIEL C. CRANE
DIRECTOR OF CONSUMER AFFAIRS
AND BUSINESS REGULATION

SHARON E. GILLET
COMMISSIONER

***Independent Payphone Provider (IPP)
Revenue Statement for Calendar Year Ending December 31, _____***

1. *Exact* name of reporting company _____

2. Doing Business as (DBA) in MA, if any _____

3. Federal Identification Number (FIN) _____

4. If filing a combined statement, list registered names and (FINs) of **all** joint filers:
Registered name(s) DBAs and FINs _____

5. MA **intrastate** operating revenue \$ _____

6. MA **intrastate** operating expenses \$ _____

CONTACT INFORMATION Questions regarding the information provided in this return, and
regulatory assessment invoices should be directed to:

☐ *Please check if contact information has changed since last filing.*

Contact person/Title _____

Address _____

Contact person telephone number _____ Contact person E-mail _____

I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.

Date _____ **Signature** _____

Name/Title (typed or printed)

Please issue a check in the amount of \$5.00 payable to the Commonwealth of MA-DTC. Do not staple the check to forms. Mail original **IPP Revenue Statement** and one (1) photocopy, along with the original check, and two (2) photocopies of the check to:

**Department of Telecommunications & Cable
Attn: Competition Division
Two South Station
Boston, MA 02110**